



Ascentis Level 2 Certificate in Mental Health Awareness Specification

Ofqual Number: 500/5515/X

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ABOUT ASCENTIS

Ascentis was originally established in 1975 as OCNW, a co-operative scheme between Universities and Colleges of Further Education. Ascentis was the first 'Open College' in the UK and served the needs of its members for over 34 years. Throughout this period, OCNW grew yet maintained its independence in order that it could continue to respond to the requirements of its customers and provide a consistently high standard of service to all centres across the country and in recent years to its increasing cohorts of overseas learners.

In 2009 OCNW became Ascentis - a company limited by guarantee and a registered educational charity.

Ascentis is distinctive and unusual in that it is both:

- **an Awarding Organisation** regulated by the Office of Qualifications and Examinations Regulation (Ofqual, England), Council for the Curriculum, Examinations and Assessment (CCEA, Northern Ireland) and Qualifications Wales

and

- **an Access Validating Agency (AVA)** for 'Access to HE Programmes' licensed by the Quality Assurance Agency for Higher Education (QAA).

Ascentis is therefore able to offer a comprehensive ladder of opportunities to centres and their students, including Foundation Learning, vocational programmes and progressing to QAA recognised Access to HE qualifications. The flexible and adult-friendly ethos of Ascentis has resulted in centres throughout the UK choosing to run its qualifications.

ASCENTIS CONTACT DETAILS

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ASCENTIS LEVEL 2 CERTIFICATE IN MENTAL HEALTH AWARENESS

Introduction

The Ascentis Certificate in Mental Health Awareness aims to introduce the learner to understanding and responding to various mental health disorders.

There are several features of this qualification that make it very appropriate for its target learners

- Assessment is ongoing through the building up of a portfolio of evidence, allowing flexibility in terms of the learner putting together evidence most appropriate to their learning situation
- Moderation and certification can be offered throughout the year, allowing maximum flexibility for centres

Aims

The aims of the qualification are to enable learners

- 1 To understand the nine specified mental health conditions
- 2 To understand how to respond to the nine specified mental health conditions
- 3 To understand relevant terms used within the field of mental health
- 4 To understand how the nine specified mental health conditions can be managed

Target Group

This qualification is aimed at staff, volunteers and carers who do not hold a professional qualification in mental health but are involved in the delivery of mental health services.

Ofqual Qualification Number: 500/5515/X

Rules of Combination

Ascentis Level 2 Certificate in Mental Health Awareness				
Number of mandatory credits: 13				
Title	Level	Credit Value	GLH	Unit reference
Understanding Anxiety	2	1	10	Y/504/0488
Understanding Bipolar Disorder	2	1	10	F/508/5263
Understanding Dementia	2	1	10	A/504/0564
Understanding Depression	2	1	10	M/504/0495
Understanding Eating Disorders	2	1	10	R/504/0571
Understanding Mental Health	2	4	40	A/508/5262
Understanding Phobias	2	1	10	H/504/0493
Understanding Post-Natal Depression	2	1	10	T/504/0496
Understanding Schizophrenia	2	1	10	M/504/0562
Understanding Stress	2	1	10	M/504/0481
Credits from equivalent Units Please contact the Ascentis office to request equivalences, and ask to speak to a member of the Qualifications Development Team.				
Credits from exemptions Please contact the Ascentis office to request exemptions and ask to speak to a member of the Qualifications Development Team.				

Unit certification is available for all units.

Guided Learning Hours (GLH)

The total number of guided learning hours for this qualification is 130 hours.

Total Qualification Time (TQT)

The total qualification time for Level 2 Certificate in Mental Health Awareness is 130 hours.

Recommended Prior Knowledge, Attainment and / or Experience

No prior knowledge, attainment or experience is required for this qualification.

Age Range of Qualification

This qualification is available to learners aged 16 and over.

Opportunities for Progression

It is intended that this qualification will help learners towards the following progression routes

- Level 3 Community Mental Health Care
- NVQ Level 2 or Level 3 in Health Care
- Employment in a mental health setting
- Specialist qualifications such as counselling

Centre Recognition

This qualification can only be offered by centres recognised by Ascentis and approved to run this qualification. Details of the centre recognition and qualification approval process are available from the Ascentis office (tel. 01524 845046) or from the website at www.ascentis.co.uk.

Qualification Approval

If your centre is already a recognised centre, you will need to complete and submit a qualification approval form to deliver this qualification. Details of the qualification approval process are available from the Ascentis office (tel. 01524 845046) or from the website at www.ascentis.co.uk.

Registration

All learners must normally be registered with Ascentis within seven weeks of commencement of a course via the Ascentis electronic registration portal. Late registration may result in a fee, refer to the latest version of the product catalogue

Status in England, Wales and Northern Ireland

This qualification is available in England, Wales and Northern Ireland. It is only offered in English. If a centre based overseas (including Scotland) would like to offer this qualification, they should make an enquiry to Ascentis.

Reasonable Adjustments and Special Considerations

In the development of this qualification Ascentis has made every attempt to ensure that there are no unnecessary barriers to achievement. For learners with particular requirements reasonable adjustments may be made in order that they can have fair assessment and demonstrate attainment. There are also arrangements for special consideration for any learner suffering illness, injury or indisposition. Full details of the reasonable adjustments and special considerations are available from the login area of the Ascentis website (www.ascentis.co.uk) or through contacting the Ascentis office.

Enquiries and Appeals Procedure

Ascentis has an appeals procedure in accordance with the regulatory arrangements in the Ofqual *General Conditions of Recognition*¹. Full details of this procedure, including how to make an application, are available from the login area of the Ascentis website (www.ascentis.co.uk) or through contacting the Ascentis office.

¹ The Scottish Qualifications Authority (SQA) have developed some high level principles that cover the same requirements as the Ofqual Conditions. These are the SQA Accreditation Regulatory Principles (2011).

ASSESSMENT AND VERIFICATION ARRANGEMENTS

Assessment

All units are internally assessed through the learner building up a portfolio of evidence that covers the relevant assessment criteria, internally assessed and verified by the centre and then externally verified by Ascentis.

To achieve the certificate a candidate needs to complete all 10 mandatory units. A learner may also achieve unit certification for individual unit/s and the unit certificate will give details of the unit/s achieved.

On completion of the learners' evidence for either the individual units or the certificate, the assessor is required to complete the Summary Record of Achievement for each learner. The Summary Record of Achievement asks assessors and the internal verifier to confirm that the rules of combination have been followed. This is particularly important in cases where a learner has taken units at different levels. The Summary Record of Achievement form is provided in Appendix 1.

Centres are required to retain all evidence from all learners for external verification and for 4 weeks afterwards should any appeal be made.

Internal Assessment

Evidence for each unit is through building up a portfolio of evidence to demonstrate that all the assessment criteria within the unit have been achieved. The evidence will be assessed by the assessor at the centre, who may or may not be the tutor teaching the course.

Portfolios of evidence should include a variety of evidence to demonstrate that the assessment criteria for each unit have been met. Examples of evidence that could be included are

- Observation record
- Questions and discussions
- Photographs
- Video
- Worksheets
- Audio recordings
- Self assessments
- Workbook activities
- Final assessment

If the learner fails to meet the assessment criteria on the first attempt at an activity they may redraft the work following feedback given by the tutor. However tutors must not correct the work of the learner, and all feedback given by the tutor must be included within the learner's evidence.

Learners' portfolio work should include a tracking sheet to show where the evidence for each assessment criterion is to be found. Some activities could produce evidence for more than one unit, which is acceptable as long as there is clear reference to this on the tracking sheet. Examples of tracking sheets are found in Appendix 2.

Verification

Internal Verification

Internal verification is the process of ensuring that everyone who assesses a particular unit in a centre is assessing to the same standards, i.e. consistently and reliably. Internal verification activities will include: ensuring any stimulus or materials used for the purposes of assessment are fit for purpose; sampling assessments; standardisation of assessment decisions; standardisation of internal verification decisions. Internal Verifiers are also responsible for supporting assessors by providing constructive advice and guidance in relation to the qualification delivered.

Further information is available from the Resources/Key Documents section of the Ascentis website (www.ascentis.co.uk).

External Verification

Recognised centres will be visited in accordance with a verification model that is considered most appropriate for the provision. More frequent verifications can be requested from the Ascentis Quality Assurance team, for which there is usually an additional charge. External verification will usually focus on the following areas:

- A review of the centres management of the regulated provision
- The levels of resources to support the delivery of the qualification, including both physical resources and staffing
- Ensuring the centre is using appropriate assessment methods and making appropriate assessment decisions according to Ascentis' requirements
- Ensuring the centre has appropriate internal quality assurance arrangements as outlined within the relevant qualification specification
- Checking that the centre is using appropriate administrative arrangements to support the function of delivery and assessment

External Verifiers will usually do this through discussion with the centre management team; assessment and Internal Quality Assurance staff; verifying a sample of learners' evidence; talking to learners, reviewing relevant centre documentation and systems.

Knowledge, Understanding and Skills required of Assessors and Internal Verifiers

Assessors and those delivering these qualifications should be knowledgeable and competent within the areas in which they are making assessment decisions/delivering these qualifications.

Centres are responsible for ensuring that all staff involved in the delivery of the qualification are appropriately qualified. Ascentis will not be held responsible for any issues that relate to centre staffing which could impact on the successful delivery, assessment and internal quality assurance of our qualifications.

Those delivering the qualification should preferably hold or be working towards a recognised teaching qualification. Assessors must be able to make appropriate assessment decisions. Internal Quality Assurers need to have knowledge and experience of the internal quality assurance processes.

Centres are required to ensure that appropriate training and support is in place for staff involved in the delivery, assessment and internal verification of Ascentis qualifications.

Ascentis offers free support for centres. Further information on the support that is available can be found on the Ascentis electronic portal or the Ascentis website.

UNIT SPECIFICATIONS

Understanding Mental Health

Credit Value of Unit: 4

GLH of Unit: 40

Level of Unit: 2

Introduction

In this unit learners will gain an understanding of legal frameworks in order to ensure high quality care is provided for people with mental health issues.

Learning Outcomes	Assessment Criteria
The learner will be able to	The learner can
1 Know what is meant by mental health and mental ill-health	1.1 Define what is meant by mental health and mental ill-health
	1.2 Describe the components of mental well-being
	1.3 Describe the risk factors associated with developing mental health problems
	1.4 Identify examples of mental health problems
2 Understand the impact of mental health care becoming more community based	2.1 Describe how mental health care has changed with the move towards community care
	2.2 Explain the impacts of the changes in mental health care
	2.3 Explain the difficulties individuals with mental health problems may face in day to day living
3 Understand the social context of mental illness	3.1 Describe social and cultural attitudes to mental illness
	3.2 Describe media attitudes to mental illness
	3.3 Explain the impact of these attitudes on individuals and their care
4 Understand the legal context of mental illness	4.1 Identify relevant legislation in relation to mental illness
	4.2 Outline the implications in legislation for the provision of care to an individual with mental health problems
	4.3 Outline legal provisions for individuals who are unable to make decisions for themselves due to mental health problems
	4.4 Outline the legal issues around confidentiality and data protection in relation to individuals with mental health problems

Indicative Content

Mental Health and Mental Ill-Health

Positive mental health and mental ill-health definitions: Mental and emotional stability; impairment of normal cognitive, emotional and / or behavioural functions (i.e. how you think, how you feel, how you behave); World Health Organisation definition of mental health (a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community); risk factors (biological, physical, psychological, social factors); examples, e.g. depression, schizophrenia, bipolar disorder etc.

The Move to Community Based Care

Brief history of mental health care from institutional care to community care: Impacts of this for society, individuals with mental health problems, their families and health professionals; problems that individuals may face in relation to being in the community (behavioural issues, inability to cope with everyday tasks, problems with social interaction etc.).

Social Context

Social attitudes – Positive and negative attitudes; increased understanding of mental illness and whether it has changed attitudes; prejudice and fear; stereotyping; perceived association with violence; language used and how it may be discriminatory; media attitudes and their impact on the public; physical, emotional and psychological impacts on individuals; problems of hiding mental health issues; impact of attitudes on care available, provided and taken advantage of.

Legal Context

Main current legislation: National Health Service and Community Care Act 1990; Mental Health (Patients in the Community) Act 1995; Mental Health Act 1983; Mental Health Act 2007; Care Standards Act 2000; Mental Capacity Act (MCA) 2005; The Office of the Public Guardian; The Court of Protection; Caldicott Report 1997; Data Protection Act 1998. The Health and Social Care Act 2008 – Section 126 - Education and Training of Approved Mental Health Professionals.

Care of individuals: National Health Service and Community Care Act 1990; Mental Health (Patients in the Community) Act 1995: Social changes, political expediency, movement away from the isolation of the mentally ill in old Victorian asylums towards their integration in the community. Purpose of the Mental Health Act 1983: Assessment, treatment and rights of people with a mental health condition, provisions re: compulsory admission to hospital; changes in Mental Health Act 2007 to bring in line with Human Rights Act 1998.

Capacity: Mental Capacity Act (MCA) 2005 protection for people who lose the capacity to make their own decisions; the Office of the Public Guardian protection for people who lack mental capacity to make decisions for themselves; The Court of Protection deals with issues relating to people who lack the capacity to make specific decisions e.g. concerning financial or serious healthcare matters; determining capacity (person is unable to make a decision if they cannot: understand information relevant to the decision, retain the information, use or weigh the information to make the decision, communicate the decision.); lasting Powers of Attorney gives vulnerable people greater choice and control over their future and enable people to choose someone they trust to look after their affairs if necessary; Independent Mental Capacity Advocate Service helps vulnerable people who cannot make some or all important decisions about their lives.

Confidentiality: Caldicott Report 1997 - NHS confidentiality guidelines; Data Protection Act 1998 seeks to strike a balance between the rights of individuals and the sometimes competing interests of those with legitimate reasons for using personal information.

UNIT SPECIFICATIONS

Understanding Stress

Credit Value of Unit: 1

GLH of Unit: 10

Level of Unit: 2

Introduction

In this unit learners will gain an understanding of stress and the causes of the condition. They will develop an appreciation of what stress feels like and the symptoms that may be experienced. Learners will also gain an understanding of ways in which stress can be managed.

Learning Outcomes	Assessment Criteria
The learner will be able to	The learner can
1 Understand the term 'stress'	1.1 Define the term 'stress'
2 Understand possible causes of stress	2.1 Describe three possible causes of stress
3 Understand what stress feels like and how it can affect an individual	3.1 Describe a time when you have felt under stress and explain what it felt like
	3.2 Describe how stress can affect an individual
4 Understand that demands of daily life can contribute to feelings of stress	4.1 Describe internal and external demands in life which may result in stress
5 Understand how stress may be managed and know some of the resources available to support the individual experiencing stress	5.1 Describe steps that could be taken to reduce stress in life
	5.2 Describe local support available to individuals experiencing stress

Indicative Content
Definition of stress: e.g. "The adverse reaction people have to excessive pressure or other types of demand placed on them." The Health and Safety Executive (2004). Explanations of stress: Importance of some stress in daily life; achieving balance; under stimulation leading to boredom and de-motivation; too much stress leading to feeling unable to cope. Causes of stress / demands which may result in stress: Different from one individual to another; can affect any person at any time; causes of stress can include: relationship concerns, the role we have in life, financial worries, health worries, work problems, housing problems, feeling isolated or lonely, experiencing abuse or harassment. What stress feels like / how stress effects an individual: Physical effects: e.g. increased heart rate, palpitations, aches and pains, headaches, difficulty breathing, 'butterflies', indigestion and sleep disturbance. Emotional and behavioural effects: e.g. feeling tearful, tense, guilty, moody, worried, low self-esteem, weighed down by demands, agitated, angry, more likely to smoke or drink, more likely to take sick leave from work or make daily mistakes. Mental and organisational effects: e.g. difficulty in concentrating, being self critical, poor decision making, poor time management, sensitive to behaviour and comments of others. Health effects: Stress can trigger health problems or make existing health concerns worse, e.g. asthma, hay fever, allergies, rashes, eczema, headaches, migraines, stomach ulcers, diarrhoea. Diabetes and high blood pressure can also become more difficult to control. Long term effects of stress can include: irritable bowel syndrome (IBS), heart disease. Why these symptoms occur: Fight / flight response; effects of adrenaline. How stress can be managed: 'Locus of control' theory; importance of achieving a balance; dealing with external sources of stress: e.g. consider how to address the demands placed on an individual, understand not all demands will be reasonable, learn to say 'no', don't feel guilty for refusing some requests; dealing

with internal sources of stress: e.g. set reasonable timescales, be less demanding of yourself, look at reducing stress in all areas of life, find ways to relax, take time to yourself to redress the balance, don't feel guilty for taking time off to relax.

Getting help: Importance of recognising the symptoms of stress; contact GP; counsellor; stress management training; medication; support from family and friends; contact local services: e.g. Citizen's Advice Bureau, housing or council office, local credit union for financial guidance, trade unions for work disputes.

The future: The importance of understanding how to manage stress; recognising your own needs; managing demands in life effectively; learn to manage daily demands.

UNIT SPECIFICATIONS

Understanding Anxiety

Credit Value of Unit: 1

GLH of Unit: 10

Level of Unit: 2

Introduction

In this unit learners will gain an understanding of anxiety and the causes of the condition. They will develop an appreciation of what anxiety feels like and the symptoms that may be experienced. Learners will gain an understanding of ways in which anxiety can be managed and treated and will also gain an understanding of the roles and needs of family and friends.

Learning Outcomes	Assessment Criteria
The learner will be able to	The learner can
1 Understand the terms 'anxiety' and 'panic attack'	1.1 Define the term 'anxiety' 1.2 Describe what is meant by a 'panic attack'
2 Understand possible causes of anxiety	2.1 Describe three possible causes of anxiety
3 Understand what anxiety feels like and how it affects the individual, their friends and family	3.1 Describe a situation when you have experienced anxiety and explain what it felt like 3.2 Describe how anxiety can affect an individual 3.3 Describe how a person's anxiety may affect their friends and family
4 Understand that different ways of thinking and behaving can affect anxiety	4.1 Describe what happens in a cycle of negative thinking 4.2 Select a situation that could cause anxiety and describe how an individual's personality and outlook on life could help or hinder the situation
5 Understand how anxiety may be managed and know some of the resources available to support the individual experiencing anxiety	5.1 Describe three examples of self-help for anxiety 5.2 Describe three enjoyable activities which may help an individual manage anxiety 5.3 Describe local resources and treatments that would be available to individuals experiencing anxiety problems

Indicative Content
Definition of anxiety: Prolonged symptoms of stress affecting the quality of life, usually for six months or more.
Definition of a panic attack: Sudden onset of intense apprehension, fear or terror accompanied by symptoms, e.g. difficulty breathing, dizziness, palpitations, chest pain, tingling sensations, shaking, sweating, feelings of unreality.
When anxiety is a problem: Affects desire to do things; anxiety response is normal in daily life; impossible to completely stop anxiety all together.
What anxiety feels like / effects of anxiety: Three parts making up feelings of anxiety: Physical effects: e.g. increased heart rate, palpitations, aches and pains, headaches, difficulty breathing, 'butterflies', indigestion and sleep disturbance. Thinking: the way individuals are brought up to think, the way people approach demanding events, what individuals think will happen to them in a particular situation. Behaviour: the way people react when facing fearful or stressful situations.

Causes of anxiety: Levels of stress individuals are under can trigger problem anxiety symptoms; feeling overwhelmed; failing to make time for self; worried about coping; tired; overworked; access to little support; the kind of person you are can affect how we respond to stress; mental attitude; positive / negative outlook on our ability to cope; anxiety spiral; extreme symptoms of adrenaline leading to panic attacks; high levels of anxiety or panic in a particular situation leading to phobias; prolonged anxiety can lead to depression.

How anxiety can be managed: Importance of recognising there is a problem; calming effect of noradrenalin; use of relaxation techniques, e.g. slow steady breathing; coping spiral.

Getting help: Ways in which an individual can help themselves when coping with anxiety: e.g. concentrate on the here and now, talk to someone, set personal targets, set your own pace, learn to relax using various relaxation techniques, doing something pleasurable, and take up a physical activity.

Possible treatment: Relaxation techniques, e.g. warm bath before bed, hot milky drink before going to bed; talk with a therapist; attend anxiety management training; medication, e.g. antidepressants, tranquillisers, sleeping pills.

The role of friends and family: Being patient and understanding; praise and encourage; encourage talking; offer help in life generally; prompt and support as required.

The needs of family and friends: Feeling concerned and helpless; importance of looking after yourself too; may start to feel burdened; importance of maintaining own interests and contact with friends; talk to others about your feelings.

The future: Learning to control anxiety is not a fast process; anxiety may never go completely; importance of careful management; gradual feelings of increased confidence.

UNIT SPECIFICATIONS

Understanding Phobias

Credit Value of Unit: 1

GLH of Unit: 10

Level of Unit: 2

Introduction

In this unit learners will gain an understanding of phobias and the causes of the condition. They will develop an appreciation of what phobias feel like and the symptoms that may be experienced. Learners will gain an understanding of ways in which phobias can be managed and treated and will also gain an understanding of the roles and needs of family and friends.

Learning Outcomes	Assessment Criteria
The learner will be able to	The learner can
1 Understand the term 'phobia'	1.1 Define the term 'phobia' 1.2 Describe the two main groups of 'phobia' 1.3 Describe three examples of specific and social phobia
2 Understand the possible causes of phobia	2.1 Describe three possible causes of a phobia
3 Understand what a phobia feels like	3.1 Describe a time when you felt fearful and explain how it felt
4 Understand how a phobia affects the individual, their life and their friends and family	4.1 Describe how a specific phobia could prevent someone leading a normal life 4.2 Describe how agoraphobia could prevent someone leading a normal life 4.3 Describe how a person's phobia may affect their friends and family
5 Understand how phobias may be managed and know some of the resources available to support the individual experiencing a phobia	5.1 Describe five examples of self-help for phobias 5.2 Describe four examples of possible treatments for phobias 5.3 Describe details of the local resources and treatments that would be available to an individual experiencing a phobia

Indicative Content

Definition of phobia: Uncontrollable feelings; panic; fear; feelings of distress.

What a phobia feels like: Exaggerated and persistent fear in response to an object or situation; the same experience to the object or situation each time it is encountered; understanding that the fear is irrational; inability to challenge the fear; feelings of anxiety or panic; avoidance of the feared situation or object; fear interferes with normal everyday activities. Specific phobias: e.g. fear of snakes, spiders, heights etc. Social (general) phobias: e.g. fear of meeting people (social phobia), fear of enclosed spaces (claustrophobia), and fear of leaving a known place (agoraphobia).

Main groups of phobia: Social; specific.

What causes a phobia: Recalling a particular event or situation; reaction to daily activities, e.g. relationship / financial worries.

How a phobia can be managed (self-help): Talk to someone; try to think positive thoughts; distract yourself; join a self-help group; importance of understanding the situation; learning to gain control over symptoms; use of relaxation and breathing exercises; progressively confronting situations previously avoided.

Possible treatment / resources: GP; friends and family; counselling; occupational therapy; psychologist.

The role of family and friends: Show patience and understanding; try to accept their fears; talk about their feelings; offer support and encouragement; offer practical help; let them set their own pace, don't rush them; try not to take over; praise and encourage.

The needs of family and friends: Feelings of resentment; do not let their needs dominate your life; keep up with your friends and interests; visit support groups.

The future: Overcoming a phobia is not a fast process; learn to relax; help is available.

UNIT SPECIFICATIONS

Understanding Depression

Credit Value of Unit: 1

GLH of Unit: 10

Level of Unit: 2

Introduction

In this unit learners will gain an understanding of depression and the causes of the condition. They will develop an appreciation of what depression feels like and the symptoms that may be experienced. Learners will gain an understanding of ways in which depression can be managed and treated and will also gain an understanding of the roles and needs of family and friends.

Learning Outcomes	Assessment Criteria
The learner will be able to	The learner can
1 Understand the term 'depression'	1.1 Define the term 'depression'
	1.2 Differentiate between feeling low and clinical depression
2 Understand the possible causes of depression	2.1 Describe three possible causes of depression
3 Understand what depression feels like	3.1 Describe what depression feels like
4 Understand how a person with psychotic depression may be affected	4.1 Describe three factors specifically associated with psychotic depression
5 Understand how depression affects the individual, their life and their friends and family	5.1 Describe five examples of how depression may affect the individual and their life
	5.2 Describe how a person's depression may affect their friends and family
6 Understand that demands of daily life can maintain depression	6.1 Describe the demands of daily life that may contribute towards maintaining depression
7 Understand how depression can be managed and know some of the resources available to support the individual experiencing depression	7.1 Describe local resources and treatments that would be available to an individual experiencing depression
	7.2 Identify the resources and treatment required to manage a person with psychotic depression

Indicative Content

Definition of depression: Ranges from low mood to severe clinical depression; can be initiated through upsetting life experiences; change in the chemistry of the brain with clinical depression; impacts negatively on life; low mood; lack of energy; lack of interest in activities.

Causes of depression: Single event or a build-up of many minor issues; Maslow's hierarchy of needs – basic needs are not met; hormonal changes; poor physical health; seasonal affective disorder (SAD); poor diet; lack of exercise; drug or alcohol abuse.

What depression feels like / how it affects the individual: Changes to appetite; changes in sleeping patterns; negative thought; feelings of uselessness; feeling unusually emotional or tearful; difficulty in concentrating or decision making; being less active; gaining no pleasure from enjoyable activities and the company of others; feeling unusually anxious about mixing with others; aches and pains; thoughts of 'not wanting to wake up tomorrow' or wanting to end their lives.

What psychotic depression is: Severe form of depression, often with suicidal ideation; symptoms of delusions and hallucinations; the person does not recognise that they are ill.

Factors associated with psychotic depression: Spontaneous onset – no identifiable cause; loss of insight, e.g. hallucinations, delusions, delusions of guilt, unworthiness, poverty, and bodily changes.

How depression can be managed / getting help: Exercise; role of endorphins; positive thinking; speak to friends; take part in enjoyable activities; support group; get adequate sleep; healthy diet; avoid alcohol.

The needs of friends and family: Feel unable to help; upset at seeing the changes depression can cause; annoyed with the friend's changing moods; worrying how the friend would cope without you.

Demands of daily life: Relationship problems, e.g. conflict, divorce, insecurity, lack of support; occupational problems, e.g. work stress, frustration, conflict, low status, unemployment; home problems, e.g. overcrowding, poor conditions, stress of child rearing; experience of loss, e.g. bereavement, divorce, redundancy, loss of health / status.

How psychotic depression can be managed: Requires psychiatric hospital admission. First priority is person's safety and continuous nursing observation is necessary.

Possible treatment / resources: GP; psychiatrist; anti-depressant medication; counselling. If psychotic depression - anti-psychotic medication; electroconvulsive therapy when person's life may be at risk (from suicide or dehydration, arising from a refusal to eat or drink)

The role of friends and family: Be patient and understanding; spend time with them; encourage talking; prompt and encourage help.

The future: Recovery takes a long time; learn to relax and manage stress that builds up to help prevent a relapse; join a self-help group.

UNIT SPECIFICATIONS

Understanding Post-Natal Depression

Credit Value of Unit: 1

GLH of Unit: 10

Level of Unit: 2

Introduction

In this unit learners will gain an understanding of post-natal depression and the causes of the condition. They will develop an appreciation of what post-natal depression feels like and the symptoms that may be experienced. Learners will gain an understanding of ways in which post-natal depression can be managed and treated and will also gain an understanding of the roles and needs of family and friends.

Learning Outcomes	Assessment Criteria
The learner will be able to	The learner can
1 Understand the term 'post-natal depression'	1.1 Define the term 'post-natal depression' 1.2 Differentiate between the terms 'baby blues' and 'post-natal depression'
2 Understand the causes of post-natal depression	2.1 Describe six possible risk factors for developing post-natal depression 2.2 Describe three possible causes of post-natal depression
3 Understand what post-natal depression feels like	3.1 Describe what post-natal depression feels like
4 Understand puerperal psychosis	4.1 Describe special features of puerperal psychosis
5 Understand how post-natal depression affects the mother, the friends and family and impacts on bonding with the baby	5.1 Describe some of the ways post-natal depression affects the mother, including bonding with her baby 5.2 Describe how post-natal depression can affect friends and family
6 Understand that preparation for the birth can help reduce the risk of post-natal depression	6.1 Describe the preparations for the birth that may reduce the risk of post-natal depression
7 Understand how post-natal depression may be managed and know some of the resources available to support the mother experiencing it	7.1 Describe three self-help measures for post-natal depression 7.2 Describe three possible treatments for post-natal depression 7.3 Describe local resources and treatments that would be available to an individual experiencing post-natal depression
8 Understand how puerperal psychosis may be managed	8.1 Describe the resources and treatments a person with puerperal psychosis would require

Indicative Content

Definition of post-natal depression: 'Baby blues' describes a low patch 80% of mothers experience in the 3-4 days following childbirth due to a drop in pregnancy hormones; post-natal depression describes when women become depressed, confused or very anxious and there is no improvement in the weeks following childbirth; affects 10% of mothers.

Risk factors / causes of post-natal depression: Sudden drop in progesterone; factors shown to increase the risk of developing post-natal depression include: previous post-natal depression, previous depression, current stressful life events, lack of social support, poor relationship with partner; premature births, illnesses or disabilities can lead to disappointment and bring on post-natal depression; if the baby has problems or is very demanding the mother's physical health may be compromised and contribute to depression; painful

childhood experiences can bring back bad memories during the early stages of motherhood; little experience of looking after small children for first time mothers; feelings of isolation and lack of support if the new mother lives far away from her own parents; resentful at being cut off from the adult world and losing income if the mother has given up work; once the mother feels unable to cope, the negative thoughts worsen and can lead to post-natal depression; rarely, puerperal psychosis can develop within the first 2 weeks following the birth.

What post-natal depression feels like / ways in which the mother is affected: Ranges in severity; persistent low mood; lack of motivation; feeling unable or not wanting to manage the baby; feelings of isolation and despair; difficulty sleeping; reduced or increased appetite; feelings of tension; headaches; indigestion; muscle aches and pains; feeling anxious; possible panic attacks; reduced sex drive; guilt about the feelings experienced.

Effects of post-natal depression on immediate family: Feeling helpless; unsure how to react; feeling resentful that this has happened to someone close to you; new fathers can also experience depression; tired through taking on additional chores; seek support and guidance for yourself; talk to your GP; find time to do things you enjoy; contact a local support group.

Definition of puerperal psychosis: Psychotic reaction to childbirth; special features include: behavioural disturbances – agitation, irrational acts, being over demanding; mood disturbances – elation, tension, depression, rejection of the baby; thought disturbances – delusions about the baby, suspiciousness and paranoia, threats of violence; perceptual disturbances - hallucinations

Reducing the risk of post-natal depression

During pregnancy: Avoid getting over-tired; eat regular meals; avoid major stress, e.g. moving house; make friends with other women who are expecting; talk to someone; go to antenatal classes with a partner; keep in touch with the GP and health visitor.

Following the birth: Talk through the feelings with a friend, GP or health visitor; rest; eat well; find time with partner; avoid blame.

Self-help for post-natal depression: Talk to a relative or friend; share feelings with your partner; rest and relaxation; sleep when the baby sleeps; good diet and regular meals; keep healthy; take care of yourself; set realistic goals to help manage the routine of the new baby; recognise positive achievements; pay attention to good feelings; don't become too anxious about bonding with the new baby; contact a local support group.

Possible treatment: Early medical involvement is important; GP or specialist midwife to give care, support and treatment; antidepressants; counselling; therapy; self-help.

How post-natal depression can be managed: Acknowledge constant low mood and distress; seek help from professionals.

How puerperal psychosis can be managed: Treated as an acute psychiatric emergency, in most cases mother will require admission to psychiatric hospital. Risk of harm to baby by mother (neglect or physical abuse) and to mother by suicide or recklessness assessed. Treatment may include antipsychotic medication, mood stabilizers and antidepressants. ECT is an effective option.

The role of friends and family: Be patient and understanding; listen; spend time with the mother; encourage her to talk about her feelings; accept her concerns and worries; give praise and realistic encouragement; give her time for herself; help with chores but be careful not to take over; point out positive achievements; encourage her to seek help.

The future: Over time, the number of bad days will get fewer; don't expect too much too soon; take steps to avoid postnatal depression in future pregnancies.

UNIT SPECIFICATIONS

Understanding Bipolar Disorder

Credit Value of Unit: 1

GLH of Unit: 10

Level of Unit: 2

Introduction

In this unit learners will gain an understanding of bipolar disorder and the causes of the condition. They will develop an appreciation of what bipolar disorder feels like and the symptoms that may be experienced. Learners will also gain an understanding of ways in which bipolar disorder can be managed and treated and will also gain an understanding of the roles and needs of family and friends.

Learning Outcomes	Assessment Criteria
The learner will be able to	The learner can
1 Understand the term 'bipolar disorder'	1.1 Define the term 'bipolar disorder'
2 Understand the causes of bipolar disorder	2.1 Describe three possible causes of bipolar disorder
3 Understand what bipolar disorder feels like	3.1 Describe what bipolar disorder feels like
4 Understand how bipolar disorder affects the individual, their life and their friends and family	4.1 Describe some of the ways bipolar disorder affects the individual and their life
	4.2 Explain how bipolar disorder may affect their friends and family
5 Understand that demands of daily life can influence the presentation of symptoms of bipolar disorder	5.1 Describe some demands of daily life that may influence symptoms of bipolar disorder
	5.2 Describe how these demands of daily life may influence symptoms of bipolar disorder
6 Understand how to recognise the symptoms of bipolar disorder to enable stability	6.1 Give three examples of symptoms which may occur in a manic and depressive episode
7 Understand how bipolar disorder may be managed and know some of the resources available to support the individual experiencing it	7.1 Give four examples of medical intervention for bipolar disorder
	7.2 Describe ways in which an individual with bipolar disorder can help to manage their illness when entering a manic and depressive episode
	7.3 Describe ways in which family and friends can help the individual with bipolar disorder to manage their illness
	7.4 Describe local resources and treatments that would be available to an individual experiencing bipolar disorder

Indicative Content

Definition of bipolar disorder: Formerly known as 'manic depression'; a change of mood and behaviour, ranging from depressed to elated; feelings are more extreme than the normal ups and downs of daily life; lengths of the mood changes varies; "on average, someone with bipolar disorder will have five or six episodes over a 20-year period" (NHS Direct, 2003).

Causes of bipolar disorder: Genetic factors: an individual is more likely to develop bipolar disorder if a parent has it; biochemical imbalance: some individuals may have changes to the chemical balance in the brain which affects mood; hormone imbalance: some women may have their first episode of bipolar disorder following the birth of a child; life events: may contribute to the illness or trigger the first episode; personality: may affect how people cope with life events, making some individuals more likely to suffer a mental illness.

What bipolar disorder feels like: Symptoms can vary between individuals; main features include periods of depression and feeling despondent and periods of feeling elated or excitable; timings of mood changes can vary greatly.

How bipolar disorder affects the individual and their life: Manic moods: abnormal moods and behaviour; elevation in mood; increased energy; over activity; decreased need for sleep; usual social inhibitions are lost; attention cannot be sustained; extravagant; impractical; aggressive; facetious; depressive moods: irritable; boorish behaviour; interference with work or social activities.

How bipolar disorder affects the immediate family: Difficulty in understanding the behaviour; they may need help and support too.

Demands of daily life: Relationship problems, e.g. conflict, divorce, insecurity, lack of support; occupational problems, e.g. work stress, frustration, conflict, low status, unemployment; home problems, e.g. overcrowding, poor conditions, stress of child rearing; experience of loss, e.g. bereavement, divorce, redundancy, loss of health / status. May give rise to manic or depressive episodes.

Manic episodes: Feeling high; over activity; feeling excitable; difficulty concentrating due to racing thoughts; talking may become more rapid; lots of subjects may become jumbled; trouble sleeping; feeling less need for sleep; seeming to have lots of energy; imaginative thoughts and ideas; inability to manage behaviour towards others; making spur of the moment decisions which can affect the individual's life, e.g. spending extravagantly; less inhibited in behaviour towards others, e.g. being tactless; some individuals are aware of their elevated change in mood, others are not until the mood has passed.

Depressive episodes: Feeling low; feeling low energy levels and exhausted; poor concentration; difficulty managing everyday tasks; feeling helpless and despondent about life; feeling frustrated and irritable; avoiding intimacy or sexual contact with partner; changes in appetite and sleep patterns.

Managing bipolar disorder; getting help (including when you are becoming high / low): Help yourself: recognise mood changes; meet with others who have bipolar disorder; when becoming high: ask for support, e.g. ask spouse / partner to take care of finances during 'high' periods to limit excessive spending; defer important decisions; when becoming low: take care of yourself; recognise enjoyable things; eat and sleep regularly; take gentle exercise; establish a daily routine; keep in touch with friends and family.

Possible treatment / resources: Medical treatment, e.g. mood stabilising drugs; referral to a psychiatrist; if severe, admission to hospital; counselling; therapy.

The role of friends and family: Be patient and understanding; offer encouragement; encourage talking about feelings; respect their wishes; be prepared to give back responsibility to the person when they are well; find information on local support groups.

The future: Some conditions are well controlled by medication; the individual needs to find a way to effectively manage their condition; pay attention to warning signs of a manic or depressive episode; keep feelings in perspective.

UNIT SPECIFICATIONS

Understanding Schizophrenia

Credit Value of Unit: 1

GLH of Unit: 10

Level of Unit: 2

Introduction

In this unit learners will gain an understanding of schizophrenia and the causes of the condition. They will develop an appreciation of what schizophrenia feels like and the symptoms that may be experienced. Learners will gain an understanding of ways in which schizophrenia can be managed and treated and will also gain an understanding of the roles and needs of family and friends.

Learning Outcomes	Assessment Criteria
The learner will be able to	The learner can
1 Understand the term 'schizophrenia'	1.1 Define the term 'schizophrenia'
2 Understand how media representation of schizophrenia can create confusion about the illness	2.1 Describe how newspaper and TV coverage may cause fear and misunderstanding with regard to schizophrenia
3 Understand the causes of schizophrenia	3.1 Describe three possible causes of schizophrenia
4 Understand what schizophrenia feels like	4.1 Describe what schizophrenia feels like
5 Understand how schizophrenia affects the individual, their life and their friends and family	5.1 Describe some of the ways schizophrenia affects the individual and their life
	5.2 Describe how schizophrenia may affect their friends and family
6 Understand how schizophrenia may be managed and know some of the resources available to support the individual experiencing it	6.1 Give four examples of possible intervention for schizophrenia
	6.2 Describe ways in which the individual with schizophrenia can help manage their illness
	6.3 Describe ways in which family and friends can help the individual with schizophrenia to manage their illness
	6.4 Describe local resources and treatments that would be available to an individual experiencing schizophrenia

Indicative Content

Definition of schizophrenia: When someone is not able to tell the difference between what is real and imaginary; most common type of psychotic illness; disturbs thoughts and feelings; can result in 'odd' behaviour; often incorrectly labelled as 'split personality'; usual age of diagnosis is 15 - 35 years old in men and slightly older for women; men and women are equally affected.

Role of the media: Inaccurate reporting of the illness; misleading information including people with schizophrenia are unpredictable and dangerous; fact – 9/10 sufferers of the condition do not hurt themselves or others; media only reports negative and exceptional cases.

Causes of schizophrenia: Symptoms often start after a particularly stressful or distressing time; risk factors include: genetic factors: there is an increased risk of developing schizophrenia if a parent or sibling has the condition; biochemical imbalance: some individuals have changes to the chemical balance in the brain; life events: stress may contribute to the illness or trigger the first episode.

What schizophrenia feels like: Delusions: strange beliefs or thoughts with little or no basis on reality; hallucinations: hearing, seeing, feeling or smelling things that are not there; disordered thinking: thoughts 'jumping' between completely unrelated topics, difficulty in concentrating, making decisions or planning. Inappropriate behaviour; lack of awareness for other people's feelings. Feeling depressed or anxious.

How schizophrenia affects immediate family: Some mental health services offer help for the whole family; talk with a community mental health worker; attend a local carer's group.

How schizophrenia can be managed / resources: Referral to a psychiatrist or a community mental health team; medication; contact with community psychiatric nurse, occupational therapist, social worker or support worker; if symptoms become worse, a short stay in hospital may be required.

Possible treatment: Antipsychotic medication, e.g. Haloperidol, Depixol; related side effects of antipsychotic drugs can be very distressing and troublesome; to avoid side effects, 'atypical' antipsychotic medication can be prescribed, e.g. Clozapine, Olanzapine, Risperidone.

Compulsory treatment: Compulsory treatment is not a routine part of the lives of most people with schizophrenia; the care programme approach is common in the UK; individual care plan; key worker or care coordinator to coordinate support; treatment without consent is called 'sectioning', this is only used if the person is considered a risk to themselves or others; enforces under the Mental Health Act 1983.

Getting help: Helping yourself: avoid undue stress; recognise and avoid triggers; antipsychotic drugs; meet other with the same illness; national support groups; take up new activities; maintain a routine; contact support services when support is required.

The role of friends and family: Seek guidance from GP; try to avoid challenging the individual's often far-fetched ideas; allow the person to discuss their beliefs and offer support; be patient; offer gentle encouragement; try not to take over things for the individual.

The future: 1 in 4 people diagnosed will get better within five years of their first episode of schizophrenia; 2 out of 3 will get better but still experience some symptoms at times; 1 in 5 will continue to have troublesome symptoms which interfere with their quality of life; identify ways to limit the impact; adapting lives; using professional services to provide support; many sufferers will continue to live in their own home; possible to maintain much of their normal life after diagnosis.

UNIT SPECIFICATIONS

Understanding Dementia

Credit Value of Unit: 1

GLH of Unit: 10

Level of Unit: 2

Introduction

In this unit learners will gain an understanding of dementia and the causes of the condition. They will develop an understanding of what dementia feels like and the symptoms that may be experienced. Learners will gain an understanding of ways in which dementia can be managed and treated and will also gain an appreciation of the roles and needs of family and friends.

Learning Outcomes	Assessment Criteria
The learner will be able to	The learner can
1 Understand the term 'dementia'	1.1 Define the term 'dementia'
	1.2 Identify four of the most common types of dementia
2 Understand the causes of dementia	2.1 Describe three possible causes of dementia
3 Understand what dementia feels like	3.1 Describe what dementia feels like
4 Understand how dementia affects the individual, their life and their friends and family	4.1 Describe some of the ways dementia may affect the individual and their life
	4.2 Describe how dementia may affect their friends and family
5 Understand how dementia may be managed and know some of the resources available to support the individual experiencing it	5.1 Describe possible interventions for dementia
	5.2 Describe ways in which family and friends can help the individual with dementia to manage their illness
	5.3 Describe the local resources and treatments that would be available to an individual experiencing dementia
6 Understand factors – including own actions – which may adversely affect a person with dementia	6.1 Describe why a person with dementia may be adversely affected by unconsidered actions or words of the carer

Indicative Content
A definition of dementia: Dementia is not a disease in itself; it is a term used to describe a group of symptoms, e.g. a gradual loss of memory, a decline in the ability to think and reason, and problems with communication; symptoms are caused by a variety of different disorders and conditions. Types of dementia: Alzheimer's disease; Pick's Disease (fronto-temporal); Creutzfeldt Jakob Disease (CJD); Huntington's Disease; vascular dementia and dementia with Lewy bodies. Causes of dementia: The cause of Alzheimer's disease and most other dementias has yet to be established; Alzheimer's disease: thought to be caused by a combination of genetic and environmental factors; vascular dementia: occurs when brain cells are deprived of oxygen, increased occurrences in people with high blood pressure, high blood fats and diabetes. Signs and symptoms of dementia / what dementia feels like: Results from too many brain cells dying and it is generally progressive; symptoms vary from person to person; memory loss, difficulty making decisions, difficulty looking after oneself, difficulty expressing thoughts, difficulty understanding what others are saying; disorientation; confusion; changes in behaviour; loss of skills to carry out normal daily activities.

How dementia can affect friends and family: Need to provide support; giving support can be demanding and stressful; feelings of guilt; feeling burdened; can cause family conflict; reduced contact with dementia sufferer due to lack of understanding / knowledge; caregiver can feel loneliness and feelings of isolation; the person with dementia and the carer both need support.

How dementia can be managed: Referral to a psychiatrist or a community mental health team; medication; contact with a community psychiatric nurse, occupational therapist, social worker or support worker; if symptoms become worse residential or nursing care may be required.

The role of friends and family: Importance of the relationship between a person with dementia and their partner; family member(s) or friends may meet the physical care needs of the person with dementia living at home, e.g. help with housework, getting them in / out of bed, washing, bathing, toileting and ensuring adequate diet and fluids; psychological support, e.g. love, affection and companionship, links with their history and identity; financial support and dealing with the individual's affairs when they are no longer able; representing the individual's needs, wishes and rights.

Possible treatments / resources: Detection: recognition, referral to a specialist; recent development of drugs to treat symptoms of Alzheimer's disease may stabilise the symptoms for a limited period of time; vascular dementia may be treated with drugs to control blood pressure; physical healthcare; psychological interventions: early stage: cognitive behavioural therapy, life review, strategies to improve memory; moderate stages: group activities, cognitive stimulation, music, arts and crafts; late stages: psychological intervention.

Resources and services: Care homes; hospitals; domiciliary; respite and day care services; sheltered accommodation and supported housing; voluntary and charitable organisations, e.g. Alzheimer's Society, Mental Health Foundation, Age Concern, Anchor Trust, MIND.

Factors leading to adverse behaviour: Feelings are relatively unaffected in dementia, so that a person with dementia will experience the same kind of feelings we do – even though they are probably not able to identify all the factors which have given rise to their feelings. Ill-considered words or actions may upset a person with dementia and lead to agitated or aggressive behaviour; people with dementia who are relaxed, busy and confident are less likely to be aggressive or agitated; factors leading to adverse behaviour may be the result of: physical discomfort, confusion, fear or loneliness; 'wandering' possibly looking for somebody or something familiar; a person with dementia should never be restrained from 'wandering', an attempt must be made to try to understand why a person is doing this and to accommodate their needs.

Communication: Much of the behaviour of a person with dementia is an attempt to communicate. If communication is person centred and takes account of their personality and history, that communication will be valuable and meaningful to them.

UNIT SPECIFICATIONS

Understanding Eating Disorders

Credit Value of Unit: 1

GLH of Unit: 10

Level of Unit: 2

Introduction

In this unit learners will gain an understanding of eating disorders and the causes of the condition. They will develop an appreciation of what eating disorders feel like and the symptoms that may be experienced. Learners will gain an understanding of ways in which eating disorders can be managed and treated and will also gain an understanding of the roles and needs of family and friends.

Learning Outcomes	Assessment Criteria
The learner will be able to	The learner can
1 Understand the term 'eating disorders'	1.1 Give a definition of eating disorders 1.2 Describe three possible types of eating disorders
2 Understand the causes of one specific eating disorder	2.1 Describe three possible causes of a specific eating disorder
3 Understand what one specific eating disorder feels like	3.1 Describe what one specific eating disorder feels like
4 Understand how one specific eating disorder may affect the individual, their life and their friends and family	4.1 Describe some of the ways a specific eating disorder may affect the individual and their life 4.2 Explain how a specific eating disorder may affect their friends and family
5 Understand how a specific eating disorder may be managed and know some of the resources available to support the individual experiencing it	5.1 Describe possible medical interventions for a specific eating disorder 5.2 Explain what you could do to help an individual recover from a specific eating disorder 5.3 Describe local resources and treatments that would be available to an individual experiencing an eating disorder

Indicative Content

Definition of eating disorders: People are said to have an eating disorder when their life revolves around food; problems include over and under eating; can be affected by stress; anorexia nervosa: occurs mainly in teenage girls (1 in 150), is increasingly affecting boys; bulimia: usually affects women in early to mid-twenties (3 in 100); compulsive eating; young men account for 10% of eating disorders.

What causes eating disorders: Exact cause is unknown; reasons differ between people; normal changes in adolescence can prove too much for some teenagers; fear of not coping; feeling overwhelmed; to some, not eating can be seen as a means of establishing control; to others, food helps to block out disturbing feelings; binge eating can be a way to help them cope with unhappy feelings; media representations of the ideal body; increased peer pressure to look different in order to be accepted; triggers of eating disorders can include upsetting events, e.g. divorce or abuse.

Types of eating disorders / What eating disorders feel like: Pre-occupation with food concealing confused and painful feelings; can be a coping mechanism for stress or a form of expressing confusion and turmoil; risk to physical health; risk to mental health; anorexia: the person sees themselves as fat even when they are seriously underweight; bulimia: uses vomiting and / or laxatives to reduce or maintain their weight, coupled with binge eating; symptoms include: disturbed sleep patterns, feelings of depression, lethargic, internal damage due to excessive weight loss / gain, very sensitive to extremes of temperature,

headaches, constipation, skin problems, excess body hair growth, damage to teeth from repeated vomiting, frequent illnesses, brittle bones, weakened muscles, menstrual cycle can be disturbed in women which can lead to infertility, severe anorexia left untreated can lead to death.

How eating disorder affects the individual / their life: Unable to separate emotions from eating behaviours; low self-esteem; lack confidence in own self-worth, skills and abilities; feelings of worthlessness; disinterest in the future; poor body image; skewed perceptions of their own bodies.

The needs of friends and family: May feel powerless, angry and worried; feeling of guilt and failing the person; take care of yourself too; keep up with friends and interests; contact a local support group.

How eating disorders can be managed: Accepting there is a problem; GP; confiding and non-judgemental relationship can help; where the condition is life-threatening, action may have to be taken even without the individual's consent; find help that suits their needs.

Getting help: Meet others with similar difficulties can help alleviate feelings of isolation.

Possible treatment / resources: See a doctor; may be referred to a psychiatrist for specialist advice; medication such as anti-depressants may be described in the short term but do not solve the problem, only alleviate the symptoms; counselling and therapy.

The role of friends and family: Try to accept the current behaviour and avoid confrontations; encourage them to talk freely about what is distressing them; be honest and open about your feelings; do not get angry with them; encourage them to take up new interests; do things to help shift the focus away from food; find local support groups.

The future: It is possible to overcome an eating disorder but it takes a long time; may need psychotherapy for months or years; possibility of relapses in times of stress.

APPENDIX 1

Summary Record of Achievement Level 2 Certificate in Mental Health Awareness

Unit Title	Level	Credit Value	Date completed	Assessor Signature	Internal Verifier Signature (if sampled)
Understanding Mental Health	2	4			
Understanding Stress	2	1			
Understanding Anxiety	2	1			
Understanding Phobias	2	1			
Understanding Depression	2	1			
Understanding Post-Natal Depression	2	1			
Understanding Bipolar Disorder	2	1			
Understanding Schizophrenia	2	1			
Understanding Dementia	2	1			
Understanding Eating Disorders	2	1			

Learner Name _____

I confirm that the minimum number of credits at the appropriate level have been achieved in order for a claim for certification to be made. I can confirm that the credit has been achieved from the correct combination of mandatory and optional units as specified within the Rules of Combination.

Assessor Signature _____

Internal Verifier Signature (if sampled) _____

Tracking Sheet

Understanding Mental Health

Criteria	Assessment Method	Evidence Details	Portfolio Reference	Completion Date
1.1 Define what is meant by mental health and mental ill-health				
1.2 Describe the components of mental well-being				
1.3 Describe the risk factors associated with developing mental health problems				
1.4 Identify examples of mental health problems				
2.1 Describe how mental health care has changed with the move towards community care				
2.2 Explain the impacts of the changes in mental health care				
2.3 Explain the difficulties individuals with mental health problems may face in day to day living				
3.1 Describe social and cultural attitudes to mental illness				
3.2 Describe media attitudes to mental illness				
3.3 Explain the impact of these attitudes on individuals and their care				
4.1 Identify relevant legislation in relation to mental illness				
4.2 Outline the implications in legislation for the provision of care to an individual with mental health problems				
4.3 Outline legal provisions for individuals who are unable to make decisions for themselves due to mental health problems				
4.4 Outline the legal issues around confidentiality and data protection in relation to individuals with mental health problems				

The above evidence has been assessed against the standards and has been judged for validity, authenticity, currency, reliability and sufficiency.

Learner Signature _____ Date _____

Assessor Signature _____ Date _____

Internal Verifier (if sampled) _____ Date _____

Tracking Sheet

Understanding Stress

Criteria	Assessment Method	Evidence Details	Portfolio Reference	Completion Date
1.1 Define the term 'stress'				
2.1 Describe three possible causes of stress				
3.1 Describe a time when you have felt under stress and explain what it felt like				
3.2 Describe how stress can affect an individual				
4.1 Describe internal and external demands in life which may result in stress				
5.1 Describe steps that could be taken to reduce stress in life				
5.2 Describe local support available to individuals experiencing stress				

The above evidence has been assessed against the standards and has been judged for validity, authenticity, currency, reliability and sufficiency.

Learner Signature _____ Date _____

Assessor Signature _____ Date _____

Internal Verifier (if sampled) _____ Date _____

Tracking Sheet

Understanding Anxiety

Criteria	Assessment Method	Evidence Details	Portfolio Reference	Completion Date
1.1 Define the term 'anxiety'				
1.2 Describe what is meant by a 'panic attack'				
2.1 Describe three possible causes of anxiety				
3.1 Describe a situation where you have experienced anxiety and explain what it felt like				
3.2 Describe how anxiety can affect an individual				
3.3 Describe how a person's anxiety may affect their friends and family				
4.1 Describe what happens in a cycle of negative thinking				
4.2 Select a situation that could cause anxiety and describe how an individual's personality and outlook on life could help or hinder the situation				
5.1 Describe three examples of self-help for anxiety				
5.2 Describe three enjoyable activities which may help an individual manage anxiety				
5.3 Describe local resources and treatments that would be available to individuals experiencing anxiety problems				

The above evidence has been assessed against the standards and has been judged for validity, authenticity, currency, reliability and sufficiency.

Learner Signature _____ Date _____

Assessor Signature _____ Date _____

Internal Verifier (if sampled) _____ Date _____

Tracking Sheet

Understanding Phobias

Criteria	Assessment Method	Evidence Details	Portfolio Reference	Completion Date
1.1 Define the term 'phobia'				
1.2 Describe the two main groups of phobias				
2.1 Describe three possible causes of a phobia				
3.1 Describe a time when you felt fearful and explain how it felt				
4.1 Describe how a specific phobia could prevent someone leading a normal life				
4.2 Describe how agoraphobia could prevent someone leading a normal life				
4.3 Describe how a person's phobia may affect their friends and family				
5.1 Describe five examples of self help for phobias				
5.2 Describe four examples of possible treatments for phobias				
5.3 Describe details of the local resources and treatments that would be available to an individual experiencing a phobia				

The above evidence has been assessed against the standards and has been judged for validity, authenticity, currency, reliability and sufficiency.

Learner Signature _____ Date _____

Assessor Signature _____ Date _____

Internal Verifier (if sampled) _____ Date _____

Tracking Sheet

Understanding Depression

Criteria	Assessment Method	Evidence Details	Portfolio Reference	Completion Date
1.1 Define the term 'depression'				
1.2 Differentiate between feeling low and clinical depression				
2.2 Describe three possible causes of depression				
3.1 Describe what depression feels like				
4.1 Describe three factors especially associated with psychotic depression				
5.1 Describe five examples of how depression may affect the individual and their life				
5.2 Describe how a person's depression may affect their friends and family				
6.1 Describe the demands of daily life that may contribute towards maintaining depression				
7.1 Describe local resources and treatments that would be available to an individual experiencing depression				
7.2 Identify the resources and treatment required to manage a person with psychotic depression				

The above evidence has been assessed against the standards and has been judged for validity, authenticity, currency, reliability and sufficiency.

Learner Signature _____ Date _____

Assessor Signature _____ Date _____

Internal Verifier (if sampled) _____ Date _____

Tracking Sheet

Understanding Post-Natal Depression

Criteria	Assessment Method	Evidence Details	Portfolio Reference	Completion Date
1.1 Define the term 'post-natal depression'				
1.2 Differentiate between the terms 'baby blues' and 'post-natal depression'				
2.1 Describe six possible risk factors for developing postnatal depression				
2.2 Describe three possible causes of post-natal depression				
3.1 Describe what post-natal depression feels like				
4.1 Describe special features of puerperal psychosis				
5.1 Describe some of the ways post-natal depression affects the mother, including bonding with her baby				
5.2 Describe how post-natal depression can affect friends and family				
6.1 Describe the preparations for the birth that may reduce the risk of post-natal depression				
7.1 Describe three self-help measures for post-natal depression				
7.2 Describe three possible treatments for post-natal depression				
7.3 Describe local resources and treatments that would be available to an individual experiencing post-natal depression				
8.1 Describe the resources and treatments a person with puerperal psychosis would require				

The above evidence has been assessed against the standards and has been judged for validity, authenticity, currency, reliability and sufficiency.

Learner Signature _____ Date _____

Assessor Signature _____ Date _____

Internal Verifier (if sampled) _____ Date _____

Tracking Sheet

Understanding Bipolar Disorder

Criteria	Assessment Method	Evidence Details	Portfolio Reference	Completion Date
1.1 Define the term 'bipolar disorder'				
2.1 Describe three possible causes of bipolar disorder				
3.1 Describe what bipolar disorder feels like				
4.1 Describe some of the ways bipolar disorder affects the individual and their life				
4.2 Explain how bipolar disorder may affect their friends and family				
5.1 Describe some demands of daily life that may influence symptoms of bipolar disorder				
5.2 Describe how these demands of daily life may influence symptoms of bipolar disorder				
6.1 Give three examples of symptoms which may occur in a manic and depressive episode				
7.1 Give four examples of medical intervention for bipolar disorder				
7.2 Describe ways in which an individual with bipolar disorder can help to manage their illness when entering a manic and depressive episode				
7.3 Describe ways in which family and friends can help the individual with bipolar disorder to manage their illness				
7.4 Describe local resources and treatments that would be available to an individual experiencing bipolar disorder				

The above evidence has been assessed against the standards and has been judged for validity, authenticity, currency, reliability and sufficiency.

Learner Signature _____ Date _____

Assessor Signature _____ Date _____

Internal Verifier (if sampled) _____ Date _____

Tracking Sheet

Understanding Schizophrenia

Criteria	Assessment Method	Evidence Details	Portfolio Reference	Completion Date
1.1 Define the term 'schizophrenia'				
2.1 Describe how newspaper and TV coverage may cause fear and misunderstanding with regard to schizophrenia				
3.1 Describe three possible causes of schizophrenia				
4.1 Describe what schizophrenia feels like				
5.1 Describe some of the ways schizophrenia affects the individual and their life				
5.2 Describe how schizophrenia may affect their friends and family				
6.1 Give four examples of possible intervention for schizophrenia				
6.2 Describe ways in which the individual with schizophrenia can help manage their illness				
6.3 Describe ways in which family and friends can help the individual with schizophrenia to manage their illness				
6.4 Describe local resources and treatments that would be available to an individual experiencing schizophrenia				

The above evidence has been assessed against the standards and has been judged for validity, authenticity, currency, reliability and sufficiency.

Learner Signature _____ Date _____

Assessor Signature _____ Date _____

Internal Verifier (if sampled) _____ Date _____

Tracking Sheet

Understanding Dementia

Criteria	Assessment Method	Evidence Details	Portfolio Reference	Completion Date
1.1 Define the term 'dementia'				
1.2 Identify four of the most common types of dementia				
2.1 Describe three possible causes of dementia				
3.1 Describe what dementia feels like				
4.1 Describe some of the ways dementia may affect the individual and their life				
4.2 Describe how dementia may affect the immediate family and friends				
5.1 Describe possible interventions for dementia				
5.2 Describe ways in which family and friends can help the individual with dementia to manage their illness				
5.3 Describe the local resources and treatments that would be available to an individual experiencing dementia				
6.1 Describe why a person with dementia may be adversely affected by unconsidered actions or words of the carer				

The above evidence has been assessed against the standards and has been judged for validity, authenticity, currency, reliability and sufficiency.

Learner Signature _____ Date _____

Assessor Signature _____ Date _____

Internal Verifier (if sampled) _____ Date _____

Tracking Sheet

Understanding Eating Disorders

Criteria	Assessment Method	Evidence Details	Portfolio Reference	Completion Date
1.1 Give a definition of eating disorders				
1.2 Describe three possible types of eating disorders				
2.1 Describe three possible causes of an eating disorder				
3.1 Describe what one specific eating disorder feels like				
4.1 Describe some of the ways a specific eating disorder may affect the individual and their life				
4.2 Describe how dementia may affect the immediate family and friends				
5.1 Describe possible medical interventions for a specific eating disorder				
5.2 Explain what you could do to help an individual recover from a specific eating disorder				
5.3 Describe local resources and treatments that would be available to an individual experiencing an eating disorder				

The above evidence has been assessed against the standards and has been judged for validity, authenticity, currency, reliability and sufficiency.

Learner Signature _____ Date _____

Assessor Signature _____ Date _____

Internal Verifier (if sampled) _____ Date _____